

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69869

(1)

1. Corporation Name

AMERICAN BURGLAR ALARMS, INC.



Principal Place of Business

1500 RUE VENDOME
PEMBROKE PINES FL 33026

Mailing Address

1500 RUE VENDOME
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified 03/02/1989
3a. Date of Last Report 04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number 65-0102771
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROCK, CHARLES E.
1500 RUE VENDOME
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME BROCK, CHARLES E.
STREET ADDRESS 1500 RUE VENDOME
CITY-ST-ZIP PEMBROKE PINES FL
2. TITLE ☐ DELETE
NAME VP
STREET ADDRESS Brock, Billie G.
CITY-ST-ZIP 1500 Rue Vendome
Pembroke Pines, Florida 33026
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP
5. 5. TITLE ☐ Change ☒ Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-ST-ZIP
9. 9. TITLE ☐ Change ☐ Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-ST-ZIP
13. 13. TITLE ☐ Change ☐ Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-ST-ZIP
17. 17. TITLE ☐ Change ☐ Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

CHARLES E. BROCK

03/10/96 (954) 473-1198

Date

Daytime Phone #

CR2E034 (12/95)